

# 90 DAY RENT INCREASE FORM



1. **TENANT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_

This Notice is to inform that there will an increase of \$ \_\_\_\_\_ for your monthly rent payment. The new monthly rent amount will be \$ \_\_\_\_\_ in total and will be effective from this date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Request must be a minimum of 90 days from the 1<sup>st</sup> of the following month. Example: Requested date October 15, minimum effective date February 1.

## 2. UTILITY INFORMATION:

Who pays for the following services CIRCLE ACTUAL UNIT DESCRIPTION FOR HEATING, AC, AND WATER HEATER	Tenant	Owner	TYPE OF FUEL	
			Gas	Electric
Heating ( central, wall, or forced heating )				
Cooking				
Electricity				
Air Conditioning ( central, window, wall unit or n/a )				
Water Heating ( one/unit or shared )				
Water				
Sewer				
Trash Collection				
<b>Who provides the following appliances</b>				
Stove				
Refrigerator				

## 3. AMENITIES AND ACCESSIBILITY: (Check applicable amenities only)

<b><u>Kitchen</u></b> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave	<b><u>Laundry Type</u></b> <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer / Dryer	<b><u>Parking Type</u></b> <input type="checkbox"/> 1 Carport <input type="checkbox"/> Un-assigned <input type="checkbox"/> 2 Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None
<b><u>Indoor</u></b> <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Fireplace <input type="checkbox"/> Furnished <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	<b><u>Outdoor</u></b> <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Lawn Care <input type="checkbox"/> Gated             Included <input type="checkbox"/> Community <input type="checkbox"/> Fenced Yard	<b><u>Exterior</u></b> <input type="checkbox"/> Balcony <input type="checkbox"/> Patio <input type="checkbox"/> Deck <input type="checkbox"/> Porch
<b><u>Accessibility</u></b> <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Onsite Management	<b><u>Additional information</u></b> Year Built? _____ Square Footage _____ How many rental unit(s) in the parcel lot? _____ Single Detached or Apartments How many garage(s) or parking space(s) in the parcel lot? _____	
<b><u>Comments:</u></b>  		

Owner/ Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current e-mail Address (please print): \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send signed copies to email: [LBHARentInquiries@longbeach.gov](mailto:LBHARentInquiries@longbeach.gov) or Fax:(562) 368-4524

Owner: Please upload any comparable data for Long Beach, CA in GoSection8.com